PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

2635-87

Elective October 1, 2001									, X (, , ,)	- (ر ر <u>ـــــــــــــــــــــــــــــــــــ</u>	
CLAIMS AS			S FILED - PART (Column 1)		(Column 2)		SMAL TYPE	SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			6				RAT	E	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			6 minus 20=		* (7)		X\$ 9)=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =		* ()		X42	=		OR	X84=	
MULTIPLE DEPENDENT CLAIM P			RESENT				.14	·—		1 1	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in			olumn 2	+140			OR		742
CLAIMS AS AMENDED - PART II							TOT	4L		OR	TOTAL	
(Column 1)			MILITOLO		mn 2)	2) (Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=	
	Independent	*	Minus	***		=	X42	=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		+140)=		OR	+280=	
							TC	TAL			TOTAL	
		(Column 1)		(Colu	ımn 2)	(Column 3)	ADDIT.	FEE		10	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	9 =		OR	X\$18=	
	Independent	*	Minus	***	T OL ALL	=	X42	!=		OR	X84=	
<u></u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=	
								TAL FEE		OR	TOTAL ADDIT: FEE	1
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	indus of state of the second	NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	 -		OR	X\$18=	
	Independent	*	Minus	***		=	X42	!=		OR	X84=	1
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J			1		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												1
	The Highest Nur	nher Previously Pa	aid For" (Total o	r Indenen	dent) is th	e highest numbe	er found in the	10 20	nronriate ho	v in co	olumn 1	